

Wood Dale SD7 Renewal Rates FY20 (7-1-19 to 6-30-20)						
	Medical Plan	Type	Premium (Monthly) FY 19	Premium (Monthly) FY 20	Percent Change	\$ Change
	HMO Illinois					
		Employee*	\$575.45	\$605.95	5.30%	\$30.50
		Employee + Spouse	\$1,132.93	\$1,192.98	5.30%	\$60.05
		Employee + Child(ren)	\$1,075.94	\$1,132.97	5.30%	\$57.03
		Family	\$1,822.60	\$1,919.20	5.30%	\$96.60
	PPO Plan					
		Employee	\$752.08	\$765.62	1.80%	\$13.54
		Employee + Spouse	\$1,304.62	\$1,328.10	1.80%	\$23.48
		Employee + Child(ren)	\$1,020.37	\$1,038.74	1.80%	\$18.37
		Family	\$1,811.99	\$1,844.61	1.80%	\$32.62
	HDHP PPO Plan (HSA)					
		Employee**	\$632.08	\$643.46	1.80%	\$11.38
		Employee + Spouse	\$1,096.46	\$1,116.20	1.80%	\$19.74
		Employee + Child(ren)	\$857.56	\$873.00	1.80%	\$15.44
		Family	\$1,522.87	\$1,550.28	1.80%	\$27.41
* District contributes towards ancillary benefits for HMO selection of \$159.67 mo						
** District contributes towards Health Savings Account (HSA) for HDHP PPO plan selection of \$122.16/mo.						